

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 105
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Rice or Village Rice
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

2. Full name of child Stillborn Goode

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth II/2/27
Month Day Year

8. FATHER
Full name George Goode
9. Residence Rice
(Usual place of abode)
If non-resident, give place and state. Ariz.
10. Color or race 4/4 Indian
11. Age at last birthday 44 (Years)
12. Birthplace (city or place) Rice
(State or country) Ariz.
13. Occupation Farmer
Nature of industry

14. MOTHER
Full maiden name Clara ?
15. Residence Rice
(Usual place of abode)
If non-resident, give place and state. Ariz.
16. Color or race 4/4 Indian
17. Age at last birthday 46 (Years)
18. Birthplace (city or state) Rice
(State or country) Ariz.
19. Occupation Housewife
Nature of industry

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 7
(b) Born alive but now dead 3
(c) Stillborn 3
21. Were precautions taken against ophthalmia neonatorum. NO.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was stillborn at 7.30 A. M. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature _____

C. H. Sawyer M.D.

(Physician or midwife).

Given name added from a supplemental report _____

Address _____

San Carlos, Ariz.

Month, day, year _____

Filed _____

19 _____

C. H. Sawyer.

Registrar. _____

Registrar. _____

075-1102-300